EXEMPT EMPLOYEE
BI-WEEKLY ATTENDANCE REPORT

INSTRUCTIONS:
1. Mark number of days to be charged in appropriate column.
2. Forms must be in the Payroll Department by 10:00 A.M. on the "Time Card Due Date." No Calls will be made to secure missing reports.
3. The form covers the designated Bi-Weekly pay period. You should account for all days (except weekends) during the pay period. If you are absent for part of a day, indicate how many hours you were gone and the reason for your absence(s).
4. Payroll must have two weeks notification for advance vacation checks.

NAME: ___________________________________________  BI-WEEKLY PERIOD ENDING DATE: __________

DEPARTMENT: _______________________________________

FOR THIS PAYROLL PERIOD, MY ATTENDANCE SHOULD BE CHARGED TO THE FOLLOWING CATEGORIES:

Number of Regular Work Days _______________________

Number of Sick Time Off* ____________________________

Number of Holidays* ________________________________

Number of Vacation* ________________________________

Number of Bereavement* _____________________________

Number of Jury Service* _____________________________

Number of Medical Leave Time Off* __________________

Number of Personal Leave Days* ______________________
(Unpaid if no work done on these days)

OTHER (Please Specify)* _____________________________

* Please Explain in Detail: (Identify the date(s) you were gone and if you did any work on those days):

________________________________________________________________________________________

________________________________________________________________________________________

I certify that my attendance as I have recorded above is correct.

Employee Signature ___________________________ Date ______________

Department Head Approval _______________________ Date ______________

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